

Status: Finalized

## I. Center Identification

Organization Name: INDIANA ENDOSCOPY CENTERS

Street Address: 1801 N. Senate Blvd, Suite 710

City: Indianapolis

County: Marion

Administrator Name: Amy Heminger

Administrator Email: aheminge@iuhealth.org

ASC Web Address:

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	4	
Number of procedure rooms	0	

## III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	4426	5043		
B. Ten Most Frequent Surgical Procedures Performed				
CPT Code		<b>Total Procedures</b>		
45385		989		
43239		964		
45380		759		
45378		442		
g0121		400		
g0105		254		
43235		204		

43248	99
45388	89
45330	34

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	